

011411,511

AREA (for additional cross references)

References are on  
shelf in Examiner's  
office

- C. White

INITIALS	ID NO.	DATE
T		10-27-00
Sm	877	11-30-00
2	JC947	04/18/01

OF CLAIMS

- ..... Rejected
- ..... Allowed
- (Through numeral) ..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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